

STAFF STUDY (COUNSELING THE ALCOHOLIC ABUSER AND FAMILY)

(UNCLASSIFIED)

Headquarters, USACHCS
Ft. Wadsworth, NY 10305
150800 March 1976

ATSC-TE-RD

SUBJECT: Counseling the Alcoholic Abuser and Family.

1. PROBLEM. To determine whether the Army should include the family of the alcoholic in the alcohol counseling program.

2. ASSUMPTIONS.

a. Alcoholism will continue to be a problem in the army.

b. Many soldiers who are alcoholics also have families.

3. FACTS BEARING ON THE PROBLEM.

a. The family of the alcoholic is affected adversely by the alcoholic. (Annex B)

b. The non-alcoholic members of the family have a direct influence on the alcoholic. (Annex B)

c. Alcoholics Anonymous provides assistance for alcoholics:

(1) Alcoholics Anonymous, Al-Anon, and Alateen help the alcohol affected family, by treating each member individually. (Annex D)

(2) Alcoholics Anonymous, Al-Anon, and Alateen are not oriented to treat the family as a unit. (Annex D)

4. DISCUSSION.

a. Advantages of including the family in the alcohol counseling program.

(1) Family Therapy assists the family in helping themselves and to better understand the alcoholic's problems, aiding in recovery.

(2) Family Therapy facilitates the speed of recovery.

(3) Family Therapy conserves the counselor's time.

b. Disadvantages of including the family in the alcohol counseling program.

(1) A Family Therapy program may cause resentment on the part of the alcoholic and/or his family.

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(2) It is an embarrassment for persons referred to the Alcohol Drug Control Center to be seen their by their acquaintances.

c. For details, see Annex E, Detailed Discussion.

5. CONCLUSION. That the Army adopt a policy to include the entire family in the counseling of alcholics.

6. ACTION RECOMMENDED.

a. That the conclusion in paragraph five be approved.

b. That the attached letter (Annex A) be signed and forwarded to the Officer In Charge, Department of the Army, Alcohol Drug Control Program, Washington, D.C. 20016.

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TEUSINK

Chaplain (MAJ), USA
C-22 Student

ANNEXES: A--Letter to Officer in Charge, Alcohol Drug Control Program
B--Family Therapy a Help For The Alcoholic
C--Bibliography
D--Alcoholics Anonymous, Al-Anon, and Alateen
E--Detailed Discussion

(UNCLASSIFIED)

A N N E X A

TO

STAFF STUDY (COUNSELING THE ALCOHOLIC ABUSER AND FAMILY)

Letter To Officer In Charge, Alcohol Drug Control Program

DEPARTMENT OF THE ARMY
Headquarters, US Army Chaplains Center and School
Fort Wadsworth, NY 10305

ATSC-TE-RD

15 March 1976

SUBJECT: Counseling the Alcoholic Abuser and Family

Officer in Charge
Department of the Army
Alcohol Drug Control Program
Washington, D.C. 20016

1. I recommend that the Army adopt the policy of using Family Therapy when counseling the Alcohol Abuser.
2. The use of Family Therapy is beneficial to the Army. Family Therapy aids in a speedier recovery enabling many soldiers to return to duty in a shorter time, thus conserving the resources of the Army in terms of finances and manpower. In addition, Family Therapy conserves the counselor's time, in that he can deal with the entire family as a unit and does not have to see each person individually.
3. Apparent disadvantages may be the resentment on the part of the family and the alcoholic to participate in such a program and the embarrassment of having to go to the Alcohol Drug Control Center for counseling. I believe, however, that the disadvantages are offset by the advantages to be derived by the recommended action.

I. M. CROCKED
Major General, USA
Commanding

ANNEX A

A N N E X B

TO

STAFF STUDY (COUNSELING THE ALCOHOLIC ABUSER AND FAMILY)

Family Therapy A Help For The Alecoholic

FAMILY THERAPY
A HELP FOR THE ALCOHOLIC

During my tour in Vietnam, I was assigned to work as the Chaplain in the Drug Rehabilitation Center. While working in this Center I discovered certain characteristics seemed to be present in the patients concerning their earlier life, in that a great number had come from homes where either the father or mother had problems with alcohol. As a result of this I made the assumption that certain characteristics must be present in the lives of the alcoholic that caused the children of these families to turn to drugs.

After leaving Vietnam I was assigned to a Alcohol Drug Treatment Center, Fort McClellan, Alabama. There I noted many of the same characteristics present in the lives of the alcoholics, that I had noted in Vietnam. While at McClellan I figured I could deal not only with the alcoholic but also with the family. But I was in for a rude awakening. The reason, that while the army made provision for the treatment of the alcoholic, it did not make provision for the treatment of the family of the alcoholic. To me this resulted in the treatment of only part of the problem, for I feel that the entire family must be treated in order to change the drinking habits of a problem drinker.

Therefore, in this paper I would like to present the idea of counseling the entire family of the alcoholic.

This paper is divided into two main sections, I. Characteristics that must be changed in an alcoholic. II. That Family Therapy may be used to effect this change in an alcoholic.

THE CHARACTERISTICS THAT MUST BE CHANGED IN AN ALCOHOLIC

Common Characteristics that are present in most alcoholics.

Certain characteristics are present in varying degrees in different individuals suffering from alcoholism, and should not be overlooked in treating the family. Following is a list of these characteristics:

1. Inability to take appropriate responsibility within the family with the result that the normal household tasks, budgeting, and planning of finances, care of the children are left to the wife. Even more difficult for the wife to accept is the man who cannot take normal responsibility for his home but who can often fulfill a relatively responsible role at his work, in his trade union, in church, or community.
2. A lack of self-discipline which shows in impulsive, inconsistent, indulgent, or dominating behaviour towards other family members.
3. An over-dependency which cannot be met or accepted by the other family members and which makes it difficult, or impossible, for the alcoholic to meet the normal dependency needs of his children. In some instances the dependency needs of the marital partner are as great as or greater than those of the alcoholic, which means both parents' normal needs are constantly unmet and each may turn to find fulfillment - the alcoholic to drink and the mother to the children.
4. A preoccupation with self and one's own suffering which makes it difficult, or impossible, to accept or recognize the normal needs of pain of other family members.
5. A negative attitude towards authority which may prevent his holding a steady job or limit his ability to assume healthy authority as head of the family.
6. A sense of inadequacy in certain vital areas of family life which distort the marital and parental roles. Seen most often in his inability to find and keep a satisfying job, experience normal sex relationships, to play or work with his children, or to relate meaningfully to friends, neighbors or other relatives.
7. An unrealistic, immature approach to the ordinary business of living which leads him in extravagant buying and the accumulation of unnecessary debts, limits his ability to provide for the necessities of his family.
8. Limited interests which tend to isolate him from other family members and from normal activities.
9. Shallow or superficial ways of relating to people which make it difficult or impossible for him to demonstrate or communicate the love and affection so necessary for the growth of family life.

These characteristics may disrupt the family life more than the drinking itself. They often may be the source of early prolonged marital discord before the drinking becomes excessive. They may complicate and add to the family when problem drinking is at its height and may provide a basis for an on-going trouble when the drinking is controlled. While the drinking episode often creates a crisis or breaking point for all family members, it many times gives the family something tangible on which to project the blame for disruption in the family life. Thereby excusing themselves for having to look at themselves as possibly being the reason for the continuation of the drinking problem.

Characterisites present in the marital partner.

Before taking a look at the whole family's reaction to the alcoholic member, let us consider the marital partner, who, in most instances is the wife, although this is not always the fact because the husband as well may be the non-alcoholic, and if so must receive treatment.

Frequently the wife is pictured by those outside the family as a tragic, long-suffering, victim of circumstances, who is not in any way responsible for either the drinking or disruption of the family life. Although this has been shown to be different by Fox when she says:

Though the wife is not responsible for the alcoholism of her husband she may be one of the reasons for his continued drinking in spite of treatment. Since her personality disturbances may be even more serious than his, she is equally in need of psychotherapy or counseling. . . . The wives of alcoholics are basically dependent people, nervous, and hostile, despite an appearance of adequacy and capability. These women marry hoping to find strong, supportive, dependable persons on whom to lean. On discovery how incapable the alcoholic is of filling this role, they react to the apparent rejection with hostility and resentment. Unable to consider the spouse as a person with needs and wishes separate from her own, the wife tends to put more and more demands on her husband, making him feel and become less and less adequate.²

Rankin supports this statement when he says:

Many such women (wives of alcoholics) frequently have

parental or family history of alcoholism. He goes on to add that many wives of an alcoholic man who had stopped drinking admitted to a history of alcoholism in her family and to a pre-marital awareness of her husband's alcoholism.³

Not only do many women marry alcoholics but if they divorce an alcoholic they remarry another. As Fox states:

Some women seem to need to be married to a weak dependent alcoholic male. One woman stated that she would not divorce her third alcoholic husband because she knew very well that she would marry a fourth alcoholic.⁴

The wife of an alcoholic is no worse than a husband of an alcoholic for we find that they, as well, suffer from serious emotional needs. They are pictured as:

The long suffering martyr who mothers and spoils his child-wife, the husband who leaves furiously but comes running back, the unforgiving and self-righteous husband, and the punishing, sadistic variety. There is also the dependent male who expected to find another mother in his wife and who is hurt and bewildered at finding the woman he married, the one who put up such a show of self-confidence, has become just as dependent as he through her alcoholism.⁵

We find, then, that both the wife or the husband of a person with a drinking problem need counseling assistance, for they, as well as their spouse, are contributing to the breakdown of family life.

Characterisitics that are present in the family reaction to the alcohol problem.

Although there are not set characterisitics which are present. we do find there are certain stages that seem to be present. Joan Jackson in her study, "The Adjustment of the Family to the Crisis of Alcoholism," list these stages:

1. The first stage is best described as the family's attempt to deny the problem, to refuse to face the fact it exists.
2. Eventually, however, the family can no longer refuse to admit that an alcoholic problem exists, and its energy is directed to hiding the fact from those outside.
3. Sooner or later the pressures of the situation become

intolerable, and family relationships begin to disintegrate - if not physically then emotionally - the adolescent is witness and participant to the strained pattern of events which lead to this breakdown.

During this period of family disintegration the alcoholic parent may be absent for long periods of time, or the non-alcoholic parent may take the children away.

4. Along with the break-up of the family come attempts to re-organize the family roles. Son may be forced into role of provider, the eldest daughter may prostitute herself to support her younger brothers and sisters.
5. If the demands of re-organizing the family prove to be too great it may break up sooner. The younger children placed in homes, and the mother or father may seek a de-facto relationship for consolation and support. Joint family is at its lowest ebb.
6. Reorganization of part of the family. The wife must reorganize the family without her husband. Unless she disappears, in many cases, the husband may attempt violence to family.
7. Finally, if and when the family finds appropriate help and this help is successful, the family has to recover and re-organize itself again. But this poses a problem as well because adjustments must be made on all sides. This period does take a great deal of counselling.⁶

Alcoholism effects the entire family. Therefore, there is an urgent need to shift the focus of treatment to the entire family. As Rankin has stated:

There is an urgent need to shift the focus of treatment from the alcoholic or problem drinker to the whole family. In planning any program along these lines it will be important to know how sociological conditions will influence both treatment requirements and results.

It is easy for those treating the alcoholic to attribute failure to the patient, his lack of cooperation or the advanced stage of his illness. However, can we be excused for failing to treat his or her family and in this way ignore the greatest potential in the field of alcoholism prevention?⁷

FAMILY THERAPY MAY BE USED TO EFFECT A CHANGE IN THE ALCOHOLIC

The selection of a therapist.

Not every person is capable of dealing with alcoholics because

of their prejudices and attitudes toward drinking and the drinker. Frequently while serving as the chaplain in the Drug Center I heard statements such as this, "The only way to deal with a drunk is to lock him up and then throw the key away." Or, "Give a drunk a bat on the head and if that don't work give him another and you will soon have his attention." (Of course in writing this paper I did tone down the language)

For this reason the selection of the right therapist is important and determination should be made before of what their credentials are and if they can deal not only with the identified patient but with the family. As Margaret Cork states:

Basic to any treatment is the quality of the helping relationships. In general, the therapist should be warm, motivated, giving individuals, who at the same time are able to set and maintain reality oriented limits. Should be free from prejudices toward drinking.... As with all patients, the therapist should be able to lessen the dependent relationships appropriately and free the patient to become relatively more independent person.⁸

A therapist or staff member must have a high frustration tolerance, be innovative, open minded (not rigidly committed to one particular approach), flexible, creative, capable of being confrontative, and supportive, motivated and concerned.

Jay Haley in the article "Family Therapy," gives the procedure and attributes that a counselor should have in family therapy:

The therapist views family therapy not as a method but as a new orientation to the arena of human problems. That he sees the present situation as the major causal factor and the process must be changed. The therapist tends to find himself to be working with minimal information, and that he wishes to intervene as rapidly as possible to take advantage of the opportunity to bring about change. The therapist will not consider the family to be hostile to each other but that they are showing him how hostile they are to each other. He does not think of the family as separate from the context of treatment but includes himself in the context. He does not have a method which fits everyone who comes in the door but considers each family a special problem which might require only one of several approaches. He emphasizes the fact whether or not the family is changing and if not shifts his approach.

Much depends on the therapist as to whether or not the treatment of the alcoholic and his family will succeed or fail. Many times the failure that occurs in the Army is a direct result of the fact that many of the therapist have had little or no training. Some are secretaries, who have had to transfer because of elimination of their jobs. They have attended a school for six weeks and are able to diagnose all emotional problems as well be expert counselors. Others are graduates of six month, a year, or two year programs. As a result they know nothing about counseling especially counseling that involves the entire family.

The Method of Treatment.

Group therapy for the alcoholic is not something that is new it has been in existence for a number of years both in this country and other parts of the world.

One of the best known is Alcoholics Anonymous, and under the auspices of A. A. is Al-Anon and Alateen. Each of these treat the individual separately and not as a family unit. This has a tendency to fragmentize the family. The family of the alcoholic is as sick or in some cases sicker then the alcoholic and should be included in the treatment.

By treating the entire family as a unit it gives insight not only to the counselor but also to the family of the changes that need to be made by them, as well as the Identified Patient, if a cure is to take place.

Family Therapy assists the family to discover if they are the ones responsible for perpetuating the alcoholic's problem, and if so, the family learns how to meet and deal with the problem. Also how to make the necessary adjustments when and if the alcoholic attains sobriety.

Sidney Cahn writes this:

Many alcoholism clinics employ conjoint family therapy or treatment of husband and wife together at therapeutic sessions, reasoning that there is a greater possibility of change in behavior of the alcoholic if both spouses understand the meaning of their interpersonal function. As one researcher stated, "this method works best when each is intelligent, capable and willing enough to evaluate the situation together, gain some insight and make some modifications of behavior." In some cases the conjoint sessions is only a preliminary to both spouses engaging in individual treatment with the same or different therapists; in other cases, the conjoint sessions are used mainly for diagnostic purposes, with the therapist observing the interpersonal interaction in order to obtain clues about the nature of the conflict.¹⁰

Slavson also advocates the use of Family Therapy when he says:

Our policy to encourage members to bring husbands, wives and relatives to the sessions help the non-alcoholic members of the family to a better understanding and handling the alcoholic with whom they are living.¹¹

The Mechanics of Treatment

There are many different styles of approaching the family and involving them in family therapy. Such as Virginia Satir's, "Conjoint Family Therapy," Don Jackson and Jay Haley, "Family Therapy," as well as a number of others. The approaches these therapists use have some degree of likeness while they differ in others. They all express the need for flexibility in treating the family and not adhering to one fixed treatment for all families.

Edwin C. Bowers, Director of the Family Treatment Alcoholic Rehabilitation, for the state of Florida, lists various mechanics that they have found to be successful in treating the alcoholic.

Bowers begins by discussing the room that is to be used. He brings out the importance that it be a friendly comfortable room, well lighted, and ventilated. He expresses the need of having a co-therapist, while dealing with the family. Because each person has blind-spots and because of the interaction that takes place with a co-therapist one can better evaluate the situation. The first session the therapist and co-therapist should meet first with the wife, because this is explanatory and diagnostic. After the interview, family treatment is discussed, first family session is to include all members. As family arrives closely observed by therapists as to their seating arrangement. Therapist introduce themselves and clarifies purpose of the session with the entire family. An agreement is reached that everyone will be able to express their feelings. Therapist must be enmeshed in

family pathology. Flexibility is a must. He must determine the stage they are presently in, such as if it is the denial stage, or another, this stage must be clarified and eliminated. Frequently this opens many doors that have been closed. Honesty and humanness must be used. Hostilities must be brought out and worked on to be eliminated. Life style of the family must be recognized and if need be eliminated or strengthened. Must perceive if alcoholism is the major problem and if this is the case it should be brought out fully and explored in depth. The family must be helped to quit using alcoholism as the scapegoat and focus on underlying problems. By doing this it takes the blame off one family member and makes it a family affair.¹²

As I view family therapy I am inclined to agree with Slavson when he says:

We feel that in the treatment of alcoholism Family Therapy is a valuable tool. It is not a substitute for individual therapy: rather it serves a different function. Within the scope to an over-all treatment plan it often serves to make the initial therapeutic approach possible, helping to bring about at least temporary sobriety. Once this is achieved personality growth can take place. Family Therapy may help not only the patient to his problem, of his environment, and of himself, but the entire family as well.¹³

EVALUATION AND SUMMARY

The alcoholic, too frequently, has been treated in isolation. Many times it has been assumed that he (she) was the only troubled member of the family, and that if his (her) drinking were controlled, all family problems would resolve themselves.

Experience has shown, in many instances, that without appropriate help for all family members, the sobriety achieved may be far from contended.

Early life experiences play an important part in the onset of alcoholism, and that if this can be disrupted it is more than likely that the child who would otherwise become an alcoholic would not.

It is also noted that there are certain characteristics in the alcoholic or his (her) marital partner that play a significant role in their not being able to fulfill and to provide a satisfying or healthy life for the family.

To provide the healthy life and to disrupt the characteristics that would lead to the problem of alcoholism in the lives of children is the thing to be done. To once again restore the family as a social unit enabling them (children) become socialized adults.

I personally feel that this can be accomplished through the use of family therapy. For this, in my opinion, will provide more effective and more lasting help both for the alcoholic and their family.

It is important to begin treatment of the alcoholic in the earliest stages as possible. If this is done it can be arrested and a speedier recovery will take place. This enables the family to maintain itself as well the identified patient to fulfill his (her) responsibilities of a husband (wife), and parents. The method that this best can be done is by the use of family therapy.

FOOTNOTES

1. R. Margaret Cork, Alcoholism and the Family, Paper presented at Alcoholism and Drug Addiction Research Foundation, (Toronto: Addiction Research Foundation, 1964), P. 2-4.

2. Ruth Fox, "The Alcoholic Spouse," Reprint from Neurotic Interaction in Marriage, ed. Victor W. Eisenstein, (Basis Books Inc., 1956), P. 12.

3. James C. Rankin, "Alcohol Misuse a Family Problem," Symposium, University of Melbourne, (Melbourne: Sandoz, 1968), P. 26.

4. Fox, op. cit., P. 12.

5. Fox, op. cit., P. 13.

6. Joan K. Jackson, "The Adjustment of the Family to the Crisis of Alcoholism," Quarterly Journal of Studies on Alcohol, Vol. 15, 1954, P. 569-584.

7. Rankin, op. cit., P. 26.

8. R. Margaret Cork, op. cit., P. 8.

9. Jay Haley, "Family Therapy," International Journal of Psychiatry, Vol. 9, 1970, P. 234-241.

10. Sidney Cahn, "The Specialized Alcoholism Clinic," The Treatment of Alcoholics an Evaluative Study, (New York: Oxford University Press, 1970), P. 116.

11. S. R. Slavson, "Alcoholism," The Fields of Group Psychotherapy, (New York: International Universities Press Inc., 1956), P. 90.

12. Edwin C. Bowers, "The Family Secret: Time on Counseling," Alcoholism Program State of Florida Department of Rehabilitation, 1971, P. 10-11.

13. Slavson, op. cit., P. 93.

A N N E X C

TO

STAFF STUDY (COUNSELING THE ALCHOLIC ABUSER AND FAMILY)

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A N N E X D

TO

STAFF STUDY (COUNSELING THE ALCHOLIC ABUSER AND FAMILY)

Alcoholics Anonymous, Al-Anon, And Alateen

ALCOHOLICS ANONYMOUS AND AL-ANON

Any discussion of adjustment to sobriety would be incomplete without some reference to Alcoholics Anonymous and Al-Anon. Membership in these groups was of inestimable value to some clients during their struggle to overcome the difficulties caused by the effort to lead a different kind of life. The alcoholic himself is supported by others who are also struggling to achieve and maintain sobriety; in helping others achieve sobriety, he is constantly reminded of what would happen if he resumed his drinking.

Through Al-Anon the wife has similar opportunity for group support as she comes to grips with her own emotional problems related to her attempt to adjust to life with an alcoholic husband. (Pauline C. Cohen, and Merton S. Krause, "Casebook With Wives of Alcoholics," New York: Family Services Association of America, 1971, P. 111)

ALCOHOLICS ANONYMOUS

Alcoholics Anonymous is described by Mrs. Marty Mann as, "A loosely knit voluntary fellowship of alcoholics (and alcoholics only) gathered together for the sole purpose of helping themselves and each other to get sober and stay sober. (Marry Milt, "Alcoholics and Alcoholism," New York: Public Affairs Pamphlet No 426, 1971, P. 20)

WHAT IS ALATEEN?

Alateen is several hundred groups of young people who help themselves and each other to learn about alcoholism.

All members are teenagers. They meet to learn how to cope with the troubles brought about by alcoholism.

They are all facing the same difficulty: a parent who cannot stop drinking, no matter how much trouble it causes.

When you belong to an Alateen group, you discuss your problems at meetings, you get booklets to read that will clear up many of your confusions. You learn to make a new life for yourself, set your own goals, and help the others in the group do the same. (Al-Anon Family Groups, "Youth and the Alcoholic Parent," New York: Al-Anon Family Group Headquarters Inc.. 1966, P. 1)

A N N E X E'

TO

STAFF STUDY (COUNSELING THE ALCHOLIC ABUSER AND FAMILY)

Detailed Discussion

DETAILED DISCUSSION

1. ADVANTAGES AND DISADVANTAGES OF INCLUDING THE FAMILY IN THE ALCOHOL COUNSELING PROGRAM.

a. Advantages of including the family in the alcohol counseling program are:

(1) Family Therapy helps the family make the necessary readjustments that are needed in dealing with the alcohol problem. The family has been affected adversely by the problem and, as a result, interpersonal relationships must be reestablished. In Family Therapy the entire family is able to learn and cope with its feelings and how to express these feelings. As recovery takes place the family learns how to recognize and make the necessary adjustments. Family Therapy enables each member of the family to learn how he may have contributed to or perpetuated the alcoholic's problem. As a result of learning this, they, in turn, are better able to aid in the alcoholic's recovery.

(2) Family Therapy facilitates the speed of recovery. This happens as a result of the family's knowledge of the problem. By having this knowledge they aid the alcoholic in making the necessary adjustments. The family recognizes the part they have played in the problem and if sobriety is reached they are better able to make the necessary reorganization to assist the alcoholic in maintaining this sobriety. The purpose of the Army's Alcohol Drug Control Program is to return the military member to his job as soon as possible. Family Therapy makes this possible, for the entire family is working as a unit for this purpose.

(3) Family Therapy conserves the counselor's time. The counselor is able to deal with the family as a unit. When one is required to deal with each person separately it requires more time. The counselor must schedule appointments during different hours and on different days. By seeing the family together he is able to answer questions that affect the entire family during one session. By seeing the family together he is able to accomplish in a shorter time what otherwise may take longer to accomplish.

b. Disadvantages of including the family in the alcohol counseling program are:

(1) Family Therapy may cause resentment to the alcoholic and/or his family. Many families that are affected by alcoholism are contended with the alcoholic member and have no desire for him to change or be cured. They are able to manipulate and control him and if he would be sober they would be unable to do this. If they are participants in counseling it may disrupt the life style of the family and thereby cause discontent and tension. The alcoholic himself may resent having to include his family because he feels satisfied with his present family condition and doesn't want to make a change in his family life style or his own.

(2) It may be an embarrassment for persons referred to the Alcohol Drug Control Center to be seen there by their acquaintances. The family has denied the problem to themselves and to others and by having to go for treatment would be bringing before others the fact that they have this problem with alcohol.